

REPORT OF INVESTIGATING OFFICER

Approved For Release 2000/08/22 : CIA-RDP57-00384R001300030002-5

(Use additional sheets if necessary)

DEPARTMENT Services	BUREAU OR OFFICE Audit Group	DATE INVESTIGATION INITIATED 30 September 1949
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1. TYPE OF ACCIDENT

BRIEF DESCRIPTION

Government vehicle was proceeding around Memorial Circle for a right turn on to 23rd Street, when traffic stopped abruptly resulting in the Government vehicle striking the rear bumper of the private vehicle.

2. TIME AND PLACE

DATE 23 September 1949	LOCATION Memorial Circle and 23rd Street N. W.
TIME 5:15 p.m.	

3. PROPERTY AND PERSONNEL INVOLVED

A. GOVERNMENT PROPERTY OR PERSONNEL. IDENTIFY PROPERTY—MAKE, TYPE, U. S. NUMBER. PERSONNEL—NAME, GRADE, SERIAL NUMBER, ORGANIZATIONAL UNIT TO WHICH ASSIGNED. IF MOTOR VEHICLE OR OTHER EQUIPMENT INVOLVED, NAME OF OPERATOR.

1949 Ford Bus, U. S. Tag No. 3307, operated by [REDACTED] Chauffer, Transportation Division, Services Office.

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B. PRIVATE PROPERTY OR PERSONS. IDENTIFY PROPERTY—MAKE, TYPE, MODEL. PERSONS—NAMES, ADDRESSES, AND RELATION TO INCIDENT, e.g., OWNER, DRIVER, PASSENGER, BAILEE, TENANT, LESSEE, LICENSEE, TRESPASSER.

1947 Chevrolet, Va. Tag No. 156-776, owned by H. A. Brentlinger, 6229- 23rd Street, North Arlington, Virginia, and operated by J. W. Brentlinger, same address as owner.

4. SCOPE OF EMPLOYMENT

WAS GOVERNMENT PERSONNEL ACTING WITHIN SCOPE OF EMPLOYMENT? YES OR NO (State basis for answer).

Yes, shuttle run; i.e. pick-up personnel at Yards & Docks at 5:00 p.m. and proceeds to 23rd and E Street, N. W.

5. DAMAGE TO PROPERTY

(Give nature and extent of damage and estimated cost of repairs or loss)

A. GOVERNMENT PROPERTY

Negligible, repairs made by Government garage.

B. PRIVATE PROPERTY

Smashed gravel deflector and rear bumper bar. Cost of Repairs \$19.90

6. PERSONS INJURED OR KILLED

(State names, addresses, extent of injuries, medical aid rendered and by whom)

A. GOVERNMENT PERSONNEL (whether on duty or off duty).
O D [REDACTED] Ext. 225 - Contusion left arm, shaken up. Examined by CIA Medical
f u [REDACTED] Services
f t [REDACTED] Ext. 517 - Chest X-Rayed by CIA Medical Services - Negative
25X1A y [REDACTED] Ext. 2204 - Contusion on arms, legs, and hip, Examined by CIA Medical
Services

B. PRIVATE PERSONS

None

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NAMES	ADDRESSES
<div data-bbox="86 304 393 441" style="background-color: black; width: 189px; height: 65px; display: inline-block;"></div> <div data-bbox="565 317 677 350" style="display: inline-block; vertical-align: top; margin-left: 10px;">25X1A</div>	<div data-bbox="846 315 1240 348" style="display: inline-block; vertical-align: top; margin-left: 10px;">CIA Employee - Ext. 2126</div> <div data-bbox="846 380 1222 411" style="display: inline-block; vertical-align: top; margin-left: 10px;">CIA Employee - Ext 2204</div>

8. POLICE INVESTIGATION

SHOW ARRESTS, AND ATTACH COPY OF POLICE REPORT, IF ANY, AND RESULTS OF ANY TRIALS BY CIVIL OR MILITARY COURTS

See Exhibit E.

9. ADDITIONAL FACTS

A. GIVE, IN NARRATIVE FORM, FULL DETAILS NOT OTHERWISE COVERED HEREIN: (In traffic cases give special attention to direction of travel, speed, obstructions to view, width of road, skidmarks, traffic signs and signals, traffic and weather conditions, illustrating relevant facts by sketches.)

Telephone conversation with the private driver 29 September 1949 disclosed that the private vehicle had been repaired, therefore, it was impossible to obtain three estimates of repairs.

B. THE FOLLOWING INACCURACIES IN PREVIOUS REPORTS HAVE BEEN ESTABLISHED AS A RESULT OF THIS INVESTIGATION:

None

10. EXHIBITS

LIST AND ATTACH EXHIBITS, SUCH AS: OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT; SUPERVISOR'S REPORT OF ACCIDENT; DIAGRAMS; PHOTOGRAPHS; EXTRACTS OF EXISTING TRAFFIC REGULATIONS, LOCAL ORDINANCES, OR STATE LAWS VIOLATED; STATEMENTS OF PERSONS INJURED OR DAMAGED AND WITNESSES; COPY OF THE SAFETY ENGINEER'S REPORT; POLICE REPORT; AND ANY OTHER RELATED DATA.

A. Investigator's Diagram	F. Private Driver's Claim
B. Government Driver's Report	G. Medical Services Report of Injuries
C. Witnesses Statement	H.
D. Witnesses Statement	I.
E. Police Report.	J.

11. ACTION RECOMMENDED

It is recommended that the private driver, H. A. Brentlinger, be awarded the sum of \$19.90 for the cost of repairs to the private vehicle.

12. DATE OF REPORT 3 October 1949	13. <div data-bbox="435 1486 880 1600" style="background-color: black; width: 274px; height: 54px; display: inline-block;"></div>	14. TITLE OF INVESTIGATING OFFICER Auditor, Audit Group, Services
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15. COMMENTS ON ACTION RECOMMENDED

Recommendation is based on the following:

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- a. The Government driver failed to exercise due care.
- b. Striking a vehicle in the rear raises the presumption of fault of the striking vehicle.

Statement of [REDACTED]
I was driving a Government owned BUS 1949, Friday 23 SEPT. 1949
About 5.15 PM traveling west on Memorial just before making a
right turn into 23rd Street N.W. As I was about to make the
turn a
1937 Chevrolet driven by Brent Linger came to a sudden stop causing
me to hit his rear from my seat.

25X1A

Subscribed and sworn to (or affirmed)
before me at Wash. D.C.
this 7 day of Oct, 1949

Catherine M. Van Gombos
Notary Public

Commission expires 28 Feb 1951

24. INDICATE ON THIS DIAGRAM HOW AND WHERE THE ACCIDENT HAPPENED.
Use one of these outlines to sketch the scene of the accident, writing in street or highway names or numbers.

1. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW
2. USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT
3. SHOW PEDESTRIAN BY: 4. SHOW RAILROAD BY: 5. SHOW DISTANCE AND DIRECTION TO LANDMARKS, IDENTIFY LANDMARKS BY NAME OR NUMBER. 6. INDICATE NORTH IN THE CIRCLE AS ①

25. POINT OF IMPACT
CHECK ONE FOR EACH VEHICLE INVOLVED

FED 1	2	FED 1	2
<input type="checkbox"/> 1. FRONT	<input type="checkbox"/> 5. LEFT REAR	<input type="checkbox"/> 1. FRONT	<input type="checkbox"/> 5. LEFT REAR
<input type="checkbox"/> 2. RIGHT FRONT	<input type="checkbox"/> 6. REAR	<input type="checkbox"/> 2. RIGHT FRONT	<input type="checkbox"/> 6. REAR
<input checked="" type="checkbox"/> 3. LEFT FRONT	<input type="checkbox"/> 7. RIGHT SIDE	<input type="checkbox"/> 3. LEFT FRONT	<input type="checkbox"/> 7. RIGHT SIDE
<input type="checkbox"/> 4. RIGHT REAR	<input type="checkbox"/> 8. LEFT SIDE	<input type="checkbox"/> 4. RIGHT REAR	<input type="checkbox"/> 8. LEFT SIDE

26. DESCRIBE WHAT HAPPENED
REFER TO VEHICLES BY "FED" AND "2"

A chev. traveling in front of me came to a sudden stop causing me to hit his rear bumper.

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27. STATEMENT OF REVIEWING OFFICIAL

NAME: Chauffeur DATE: 28 Sept 49

WAS THE DRIVER ACTING WITHIN THE SCOPE OF HIS EMPLOYMENT? YES ☐ NO ☐

WHAT CAUSED THE ACCIDENT?

HOW COULD IT HAVE BEEN PREVENTED?

WHAT ACTION HAS BEEN TAKEN?

SIGNATURE OF REVIEWING OFFICIAL: _____ TITLE: (Civilian or military) _____ DATE: _____

STANDARD FORM 91
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MOTOR VEHICLE ACCIDENT

1. 2430 E St N.W.
(Name and location of reporting unit)

2. GENERAL LOCATION, DATE, DAY AND HOUR OF ACCIDENT
IF ACCIDENT IN CITY, GIVE CITY OR TOWN AND STATE; IF OUTSIDE CITY LIMITS, INDICATE MILEAGE OR DISTANCE TO NEAREST CITY OR TOWN
Washington
D.C.
(City or town) (Country and State)

DATE: 9/22/49 DAY OF WEEK: Friday HOUR: 5:15 PM
(Miles) (Direction) (Limits) (Center)

3. EXACT LOCATION OF ACCIDENT
ACCORDING TO: Memorial Circle & 22nd St. N.W.
(Street) (Highway)

NOTE: CHECK AND COMPLETE ONE. Name (or otherwise identify) nearest intersecting street, house number, power or telephone pole (give number), highway curve, bridge, railroad crossing, filling station, alley, driveway, culvert, guardrail, milepost, underpass, or other identifying landmark. Show exact distance.

☐ AT INTERSECTION WITH _____ (Street or alley)
☐ NOT AT INTERSECTION _____ (Distance) (Direction) of _____ AND _____ (Distance) (Direction) of _____

4. FEDERAL VEHICLE (Fed.) (Includes Privately Owned Federally Operated)			5. OTHER VEHICLE (2)		
YEAR <u>1949</u>	MAKE <u>Ford</u>	BODY TYPE <u>Bus</u>	YEAR <u>1937</u>	MAKE <u>Chrysler</u>	BODY TYPE <u>Chauffeur</u>
REGISTRATION NO. <u>3307</u>	KIND OF CARGO <u>13</u>	NUMBER OF PASSENGERS <u>13</u>	REGISTRATION NO. <u>1-15678</u>	KIND OF CARGO <u>1</u>	NUMBER OF PASSENGERS <u>1</u>
WAS CARGO DAMAGED? YES <input type="checkbox"/> NO <input type="checkbox"/>			WAS CARGO DAMAGED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
PARTS OF VEHICLE DAMAGED AND NATURE OF DAMAGE <u>Front Bumper</u>			PARTS OF VEHICLE DAMAGED AND NATURE OF DAMAGE <u>Rear Bumper & Gravel deflector</u>		
GOING (Direction) <u>North</u>	ON (Street or highway) <u>Memorial Circle</u>	ESTIMATED SPEED AT IMPACT (m.p.h.) <u>10</u>	GOING (Direction) <u>West</u>	ON (Street or highway) <u>Memorial Circle</u>	ESTIMATED SPEED AT IMPACT (m.p.h.) <u>10</u>
DISTANCE DANGER NOTICED (feet) <u>10</u>	DISTANCE TRAVELED AFTER IMPACT (feet) <u>10</u>	LAWFUL SPEED (m.p.h.) <u>10</u>	DISTANCE DANGER NOTICED (feet) <u>10</u>	DISTANCE TRAVELED AFTER IMPACT (feet) <u>10</u>	LAWFUL SPEED (m.p.h.) <u>10</u>
MAXIMUM SAFE SPEED (m.p.h.) <u>10</u>			MAXIMUM SAFE SPEED (m.p.h.) <u>10</u>		
OPERATOR'S PERMIT <input checked="" type="checkbox"/> FEDERAL <input checked="" type="checkbox"/> STATE			OPERATOR'S PERMIT <input checked="" type="checkbox"/> FEDERAL <input checked="" type="checkbox"/> STATE		
TYPE OF PERMIT (Issuing State) (Permit number) <input type="checkbox"/> CHAUFFEUR <input type="checkbox"/> TRUCK DRIVER <input checked="" type="checkbox"/> OPERATOR			TYPE OF PERMIT (Issuing State) (Permit number) <input type="checkbox"/> CHAUFFEUR <input type="checkbox"/> TRUCK DRIVER <input checked="" type="checkbox"/> OPERATOR		
LIMITATION OF PERMIT <u>7-7-51</u>			LIMITATION OF PERMIT <u>7-7-51</u>		
DRIVER'S NAME <u>H.A. Brewster</u>			DRIVER'S NAME <u>H.A. Brewster</u>		
ADDRESS <u>1464 Belmont St. N.W.</u>			ADDRESS <u>1464 Belmont St. N.W.</u>		
NUMBER OF HOURS ON DUTY PRECEDING ACCIDENT <u>8</u>			NUMBER OF HOURS ON DUTY PRECEDING ACCIDENT <u>10</u>		
EXPERIENCE THIS TYPE VEHICLE <u>10</u>			EXPERIENCE THIS TYPE VEHICLE <u>10</u>		
NAME AND ADDRESS OF OWNER (Include phone number)			NAME AND ADDRESS OF OWNER (Include phone number)		